**Biofeedback Weekly Practice Record**

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_ ***Anxiety Ratings (1low – 10 high)***

Time of Practice 1:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Time of Practice 2:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_ ***Anxiety Ratings (1low – 10 high)***

Time of Practice 1:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Time of Practice 2:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_ ***Anxiety Ratings (1low – 10 high)***

Time of Practice 1:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Time of Practice 2:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_ ***Anxiety Ratings (1low – 10 high)***

Time of Practice 1:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Time of Practice 2:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_ ***Anxiety Ratings (1low – 10 high)***

Time of Practice 1:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Time of Practice 2:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_ ***Anxiety Ratings (1low – 10 high)***

Time of Practice 1:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Time of Practice 2:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_ ***Anxiety Ratings (1low – 10 high)***

Time of Practice 1:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_

Time of Practice 2:\_\_\_\_\_\_\_\_\_\_\_\_No.# Minutes:\_\_\_\_\_\_\_\_\_\_\_\_ Start\_\_\_\_\_ End\_\_\_\_\_